DOMESTIC BUSINESS CORPORATION

STATE OF MAINE

STATEMENT OF REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS

DISSOLUTION PROCEEDINGS (Vote of Shareholders) (Name of Corporation)		Depu	A True Copy When Attested By Signature Deputy Secretary of State		
		A True Copy			
Pursuant to 13	S-A MRSA §1108, the undersigned corpora	tion revokes the voluntary dissolution p	proceedings previously	authorized:	
FIRST:	The names and respective addresses of	its officers and directors are:			
<u>Title</u>	<u>Name</u>		Address		
President					
Treasurer					
Secretary					
Clerk					
Directors:					
SECOND:	The resolution attached as Exhibit A w	as adopted by the shareholders revokin	g the voluntary dissolu	tion proceedings.	
THIRD:	Number of Shares Outstanding and Entitled to Vote	Number of Shares Voting	NUMBER Voted For	NUMBER Voted Against	
		Totals			
FOURTH:	The address of the registered office of the corporation in the State of Maine is				
	(street, city, state and zip code)				

Filing Fee \$20.00

DATED	*By	
	3	(signature)
MUST BE COMPLETED FOR VOTE OF SHAREHOLDERS I certify that I have custody of the minutes showing the above action by the shareholders.	*By	(type or print name and capacity) (signature)
(signature of clerk, secretary or asst. secretary)		(type or print name and capacity)
(signature of cierk, secretary of asst. secretary)		

^{*}This document **MUST** be signed by

⁽¹⁾ the Clerk OR

⁽²⁾ the **President** or a vice-pres. together with the **Secretary** or an ass't. sec., or a 2nd certifying officer **OR**

⁽³⁾ if no such officers, then a majority of the **Directors OR**

⁽⁴⁾ if no such directors, then the Holders of a majority of all outstanding shares OR

⁽⁵⁾ the Holders of all of the outstanding shares.